

Knee Evaluation ☐ Rt ☐ Lt

DDN:_____

Name:_____Date:_____

Age:_____Sex:_____Occupation:_____

Diagnosis:_____

Usual activity/ pastime:_____

Positions held for long time:_____

HPI:_____

Evolution des symptômes : Improving:_____Worsening:_____Same:_____

Traitements antérieur : ☐ aucun _____

Objectifs du client :

↑ Dans les limites de la normale (DLN)	AVQ	Indép.	Ass.	details	AVD	Indép.	Ass	details
	Hygiène				Squat			
	Alimentation				debout			
	Transferts				Marche			
	Déplacements				autre			

Rapports d'examens (Rayons-X, RMI, EMG,..) : ☐ see intake ☐ aucun _____

Allergies : ☐ voir intake ☐ aucune _____

Antécédents (pertinent à la lésion actuelle) : ☐ see intake ☐ aucune _____

Affections associées (autres problèmes qui peuvent influencer): ☐ see intake ☐ aucune _____

Meds: ☐ see intake ☐ aucune _____

Pain:

1-10 scale:_____Duration:_____Periodic:_____Constant:_____Intermittent:_____

Worse with:_____

Better with:_____

Radiation:_____P&N:_____Numbness:_____Sleeping Position:_____

Deep:_____Superficial:_____Shooting:_____Burning:_____Aching:_____

Location: ☐ see diagram _____

Posture/Observation:

Leg Length:_____

Spasm:_____

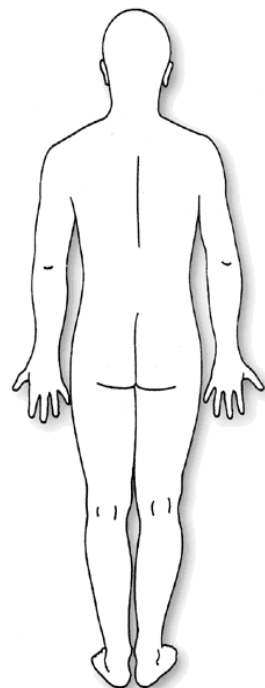
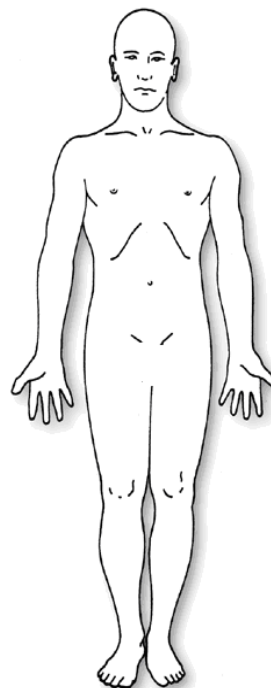
Q-Angle:_____

Knees (genu):_____

Longitudinal Arch:_____

Transverse Arch:_____

Leg Dominance _____



Oedeme	DROIT	GAUCHE

Knee Evaluation ☐ Rt ☐ Lt**DDN:** _____

	Right	<u>AROM</u>	Left	Right	<u>PROM</u>	Left	Right	Res.ROM	Left
Knee	Flx								
	Ext								
	IR								
	ER								

Hip: ☐ AROM & PROM complet ☐ Force 5/5 _____Ankle: ☐ AROM & PROM complet ☐ Force 5/5 _____

<u>Souplesse Musculaire</u>	Right	Left
Iliopsoas (Thomas test)	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:
Quadriceps (Ely's test)	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:
Hamstrings (SLR)		
Adductors (passive abd hip)		
TFL-ITBand (Ober's test)	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:	<input type="checkbox"/> +ve <input type="checkbox"/> -ve other:
Gastrocnemius (passive DF)		
Soleus (passive DF with knee flx)		

Other: _____**Special Tests:**

<u>Ligament-Meniscus</u>	<u>Right</u>	<u>Left</u>		<u>Patella</u>	<u>Right</u>	<u>Left</u>	
MCL-Valgus				Apprehension			
LCL-Varus				Crepitation			
ACL-Lachmann				Chondromalacia			
ACL-Ant.Shift				<u>Swelling:</u>			
PCL-Post.Shift				Brush Test			
McMurrey				Ballotable			

Other: _____

<u>Reflexes:</u>	<u>Right</u>	<u>Left</u>		<u>Right</u>	<u>Left</u>		
Patellar				Achilles			
Hamstring							

Dermatomes:

L1-2: _____ L3: _____ L4: _____ L5: _____ S1: _____

Joint Play: _____

Functional Activities:

Ambulation: _____

Stairs: _____

Squat: _____

Running: _____

Other: _____

Palpation: _____
